

8-28-00

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PATENT APPLICATION
Attorney's Do. No. 8371-109

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JC935 U.S. PTO
08/24/00

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I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231.

AMANDA HALE-WISENER
(SENDER'S PRINTED NAME)

(SIGNATURE)

Box Patent Application
Assistant Commissioner for Patents
Washington, DC 20231

Enclosed for filing is a patent application under 37 CFR 1.53(b) of: Philip Orrin Wheeler entitled PAPER PREVIEWER FROM PRELOADED INFORMATION

This application is a [] continuation, [] divisional, [] continuation-in-part of prior application Serial No. _____.

Enclosures:

- Specification (pages 1-7); claims (page 8); abstract (page 9)
- 4 sheets of formal drawings
- Declaration or Combined Declaration and Power of Attorney
 - Newly executed
 - Copy from a prior application (37 CFR 1.63(d))
 - Incorporation by Reference--The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- Deletion of Inventors (signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
- Power of Attorney
- Assignment with cover sheet
- Certified copy of priority document:

- Information Disclosure Statement with Form PTO 1449
 Copies of references listed on attached Form PTO-1449
 Preliminary Amendment

<u>CLAIMS AS FILED</u>				
For	Number Filed	Number Extra	Rate	Basic Fee
Total Claims	14-20	0	x \$ 18.00 =	
Independent Claims	3-3	0	x \$ 78.00 =	
Multiple Dependent Claim Fee			x \$260.00 =	
TOTAL FILING FEE				\$690.00

Cancel in this divisional application original claims _____ of the prior application Serial No. _____ before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)

A check in the amount of \$730.00 to cover filing fee (\$690) and assignment recordal fee (\$40) is enclosed.

Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

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